\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Student’s Name)

LAST FIRST MIDDLE SCHOOL YEAR

EMERGENCY MEDICAL TREATMENT INFORMATION

|  |  |  |
| --- | --- | --- |
| STUDENT’S NAME: | DATE OF BIRTH: | AGE: |
|  |  |  |
| PARENT/GUARDIAN NAME: | HOME PHONE NO: | PARENT/GUARDIAN WORK NO: |
|  |  |  |
| FAMILY PHYSICIAN: | PHYSICIAN NUMBER: |
|  |  |
| SPECIAL MEDICAL CONDITIONS OF STUDENT: | STUDENTS IS ALLERGIC TO: |
|  |  |

**PERMISSION FOR MEDICAL TREATMENT**

I/WE grant to the school personnel my/our permission to act on my/our behalf in securing medical attention for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in case of any medical emergency while participating in said activity. The local emergency facilities have my/our permission to treat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for any illness/injury that occurs while participating in said activity wherever conducted. I/We also understand that I/We are totally responsible for any costs incurred for medical attention.

I/We further verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is covered under the following insurance policy:

|  |  |
| --- | --- |
| Name of Insurance Company: |  |
| Policy Number: |  |
| Named Insured: |  |
| Persons Covered: |  |
| Policy Expiration Date: |  |

PARENT(S)/GUARDIAN(S )SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* Please continue on the back of this form. \*\***

**EXTRACURRICULAR AUTHORIZATION FORM**

I/We desiring that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participate fully in various interscholastic and extracurricular activities available through the Coweta County School System, hereby authorize and grant my/our permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the following extracurricular activities. I/We realize that such activities involve the potential for injury which is inherent in all extracurricular or sporting events. I/We hereby acknowledge that even with the best teaching and coaching, the use of the most advanced equipment, and the requirement of strict observance of all rules, injuries are still possible. I/We further realize that injuries received can be so severe as to result in total disability, paralysis, or even death. I/We hereby acknowledge that I/We have read and understand this warning and We hereby give my/our permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and verify that he/she has adequate coverage of current accident and/or health insurance policy. This shall constitute the affidavit referenced in Board Policy JGA

PARENT(S)/GUARDIAN(S )SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(MUST BE SIGNED IN FRONT OF A NOTARY)**

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INJURY AWARENESS FORM**

*(Check one only)*

\_\_\_\_ I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for the student named above.

\_\_\_\_ I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for another son/daughter at a previous time.

STUDENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We hereby acknowledge that I/'We have read, understand and completed this document with full and complete understanding of its terms and that the information contained herein is true and correct. I/We give permission for my/our student to accompany any school team of which the student is a member on any of its local or out of town trips.

 This \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

PARENT(S)/GUARDIAN(S) SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H:/CowetaSchoolBoard/Forms/EmergencyTreatment.080718